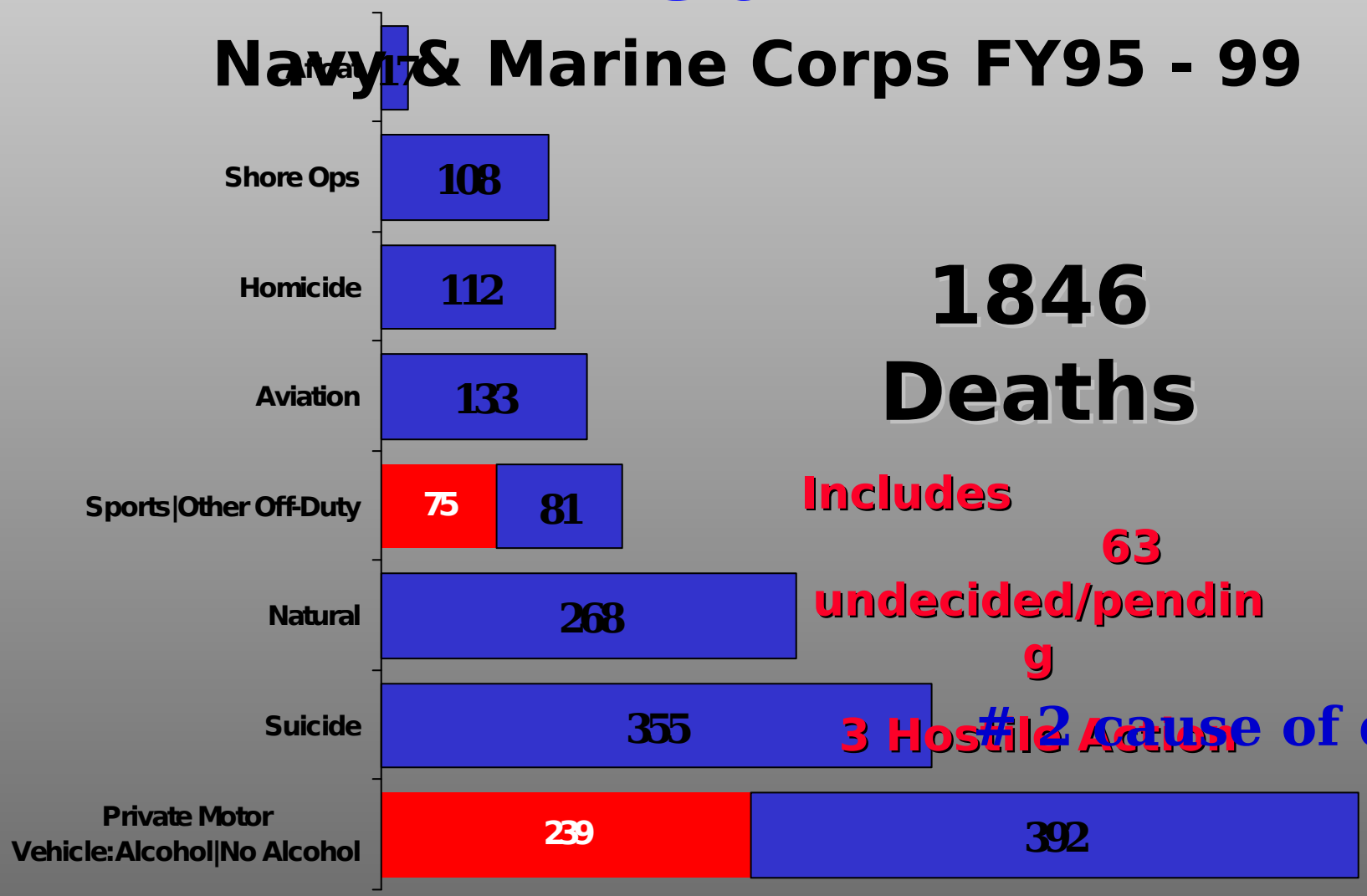
New Years 2005

Operational Risk Management and Suicide Prevention

Marine Detachment
Fort Sill, Oklahoma

Top Causes of Death

Navy & Marine Corps FY95 - 99



1846 Deaths

Includes 63 undecided/pending

3 Hostile Action

#2 cause of death!

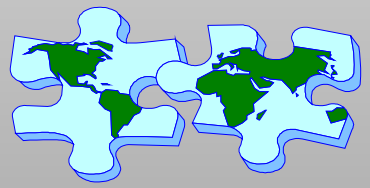
Suicide Facts

- **Over 32,000 people in the United States kill themselves e**
- **A person commits suicide about every 15 minutes in the**
- **Suicide is the 9th leading cause of death in the U.S.**
- **60% of all people who commit suicide kill themselves wit**
- **Over 60% of all people who commit suicide suffer from m**
- **Alcoholism is a factor in about 30% of all completed suic**

Statistics are from the American Foundation for Suicide Prevention web site www.afsp.org

Suicide Prevention & ORM

How do suicide prevention and ORM (Operational R
Management) fit together?



ORM is a simple 5-step process that deals with ide
hazards, assessing hazards, making risk decisions
those hazards, implementing controls to reduce th
and supervising the controls and watching for cha
controls.

Preventing suicide is caring for your shipmate & is
responsibility. ORM can help prevent suicide.

ORM

A Five Step Process

1. Identify Hazards
2. Assess Hazards
3. Make Risk Decisions
4. Implement Controls
5. Supervise

Suicide Prevention and ORM

Scenario

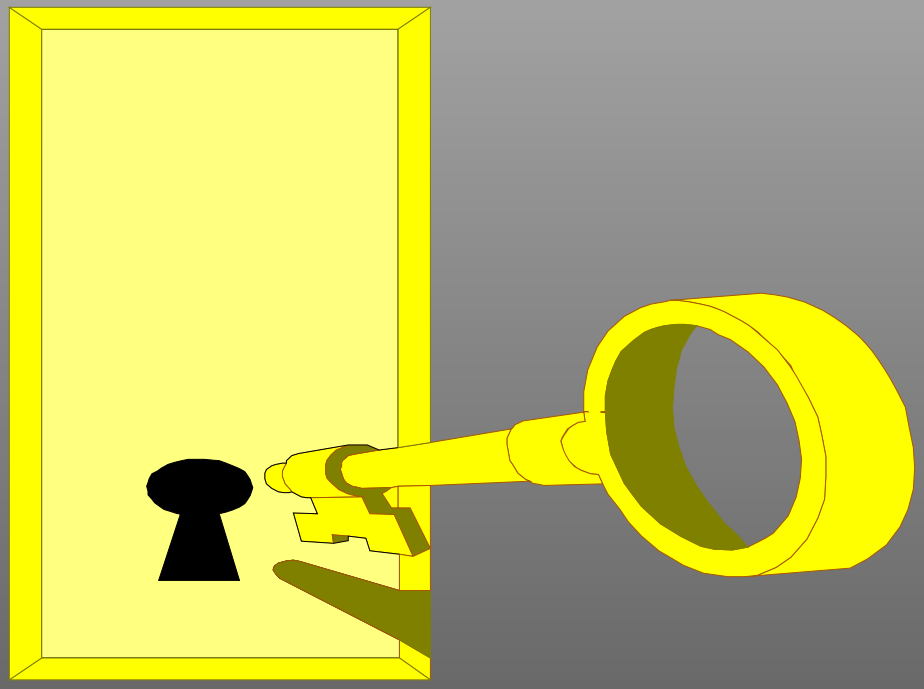
- An LPO has noticed that one Sailor has not beer acting normally the past few days.
- The Sailor has been withdrawn and not very tall When questioned by the LPO and friends, the Sa "Everything is okay, I'm just feeling a little down"
- That evening, the Sailor was found in the BEQ i and crying. There was a week-old letter and a ra on the nightstand.

This scenario should raise some que

The 5-step ORM process is the key to unl

the problem to enable you to see what th

is so you can help prevent a bad situation



Step #1 Identify Hazards

Identifying hazards is the first step in the ORM process. Looking at the previous scenario, you probably have alre some hazards. Using the below guidelines you can identi with this scenario.

- Use *experience* as a guide: Have you seen a situation like this before? If you have then you can use that experience to help identify hazards.
- Ask *"What if?"* Or better yet, *"What can go wrong?" :* What if that letter is bad news? What if I don't do anything? What can go wrong if I don't do anything?

Use *Brainstorming* (everyone's input is important): If possible discuss with other people to get their input. In a situation like this one you might not have the option to discuss with others, you will need to act right away!

1. Identify Hazards

Now that you have looked at the situation what are som

associated with this scenario?

The below listed hazards are not all inclusive, there are

that could be identified with this situation.

- **Suicide attempt with bodily injury**
- **Alcohol Abuse**
- **No intervention**
- **Death**

Step #2-Assess Hazards

Step #2 is the assessment of your identified hazards using the risk ass
(RAC) matrix. In a non-emergency situation, a detailed assessment of
warranted. In this situation there might not be time to sit down and as
before you intervene, action is required immediately.

Assessment of the hazards is done by using the RAC Matrix

Hazards are assessed for:

Severity of possible loss

Probability of occurrence

Risk Assessment Code - (RAC)

1 = Critical

2 = Serious

3 = Moderate

4 = Minor

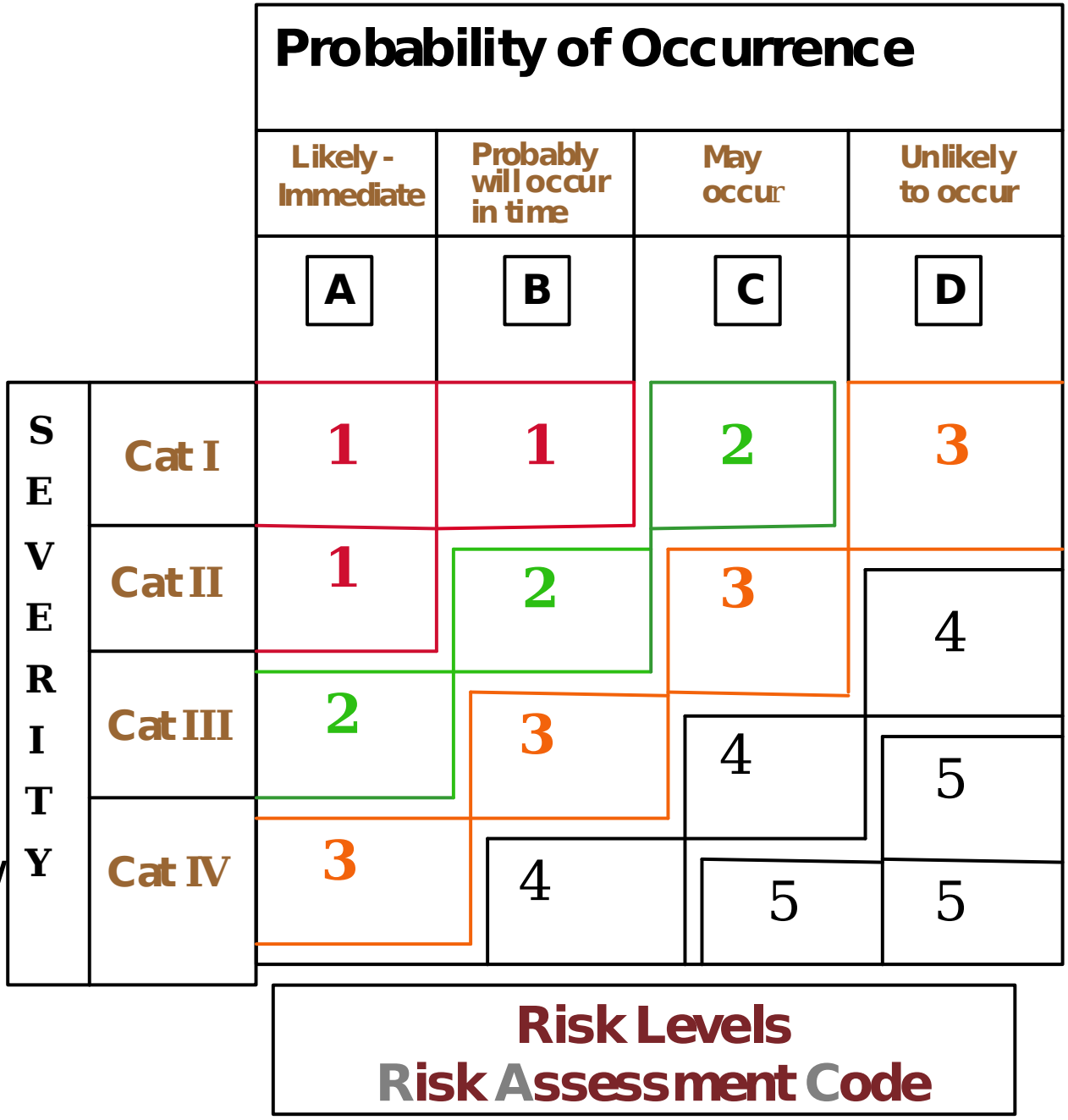
5 = Negligible

CAT I = Death/ Loss of asset.

CAT II = Severe injury / degradation of asset.

CAT III = Minor injury/ degradation of asset.

CAT IV = Minimal injury/ degradation of asset.



2. Assess the Hazards

Using the matrix from the previous slide, based on your perception, ch
category and a probability category, for example; Severity II, Probabil
corresponding row and column and intersect the two. This gives you a
Assessment Code or RAC.

RAC's

- **Suicide attempt with bodily injury**
  1

- **Alcohol Abuse**
  3

- **No intervention**
  3

Step #3-Make Risk Decisions

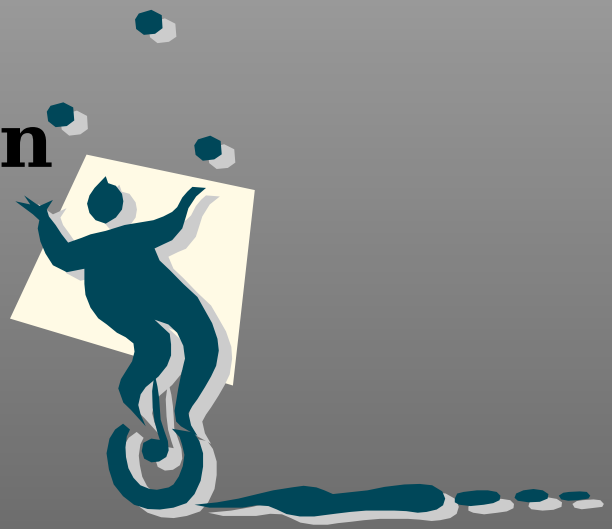
The third step is a three part process

- **Consider Risk Control Options**
  - **Prioritize hazards by RAC:** Put the assessed hazards in order by RAC.
  - **Brainstorm: What can we do to minimize the risk of the hazard?** These are the options available to minimize the hazard.
  - **Decide:** Make a risk decision about the whole process. Do we need to do this or is it too risky?
- **If risk outweighs benefit, communicate with chain of command.**

3. Make Risk Decisions

Prioritize the hazards by Risk Assessment Code

	RAC's
• **Death**	**1**
• **Suicide attempt with bodily injury**	**1**
• **No intervention**	**3**
•**Alcohol Abuse**	**3**



3. Make Risk Decisions (Cont.)

Part #2 of step three is to discuss the options to minimize you identified.

For example: Death was identified as a hazard

Some of the options available to minimize this hazard are:

- ☛ refer the individual to command/local medical facility.
- ☛ confront the individual about what they are doing.
- ☛ Offer to talk to the person about their problem

At this point these are just options and might not be used i process, but all options should be discussed

3. Make Risk Decisions (Cont.)

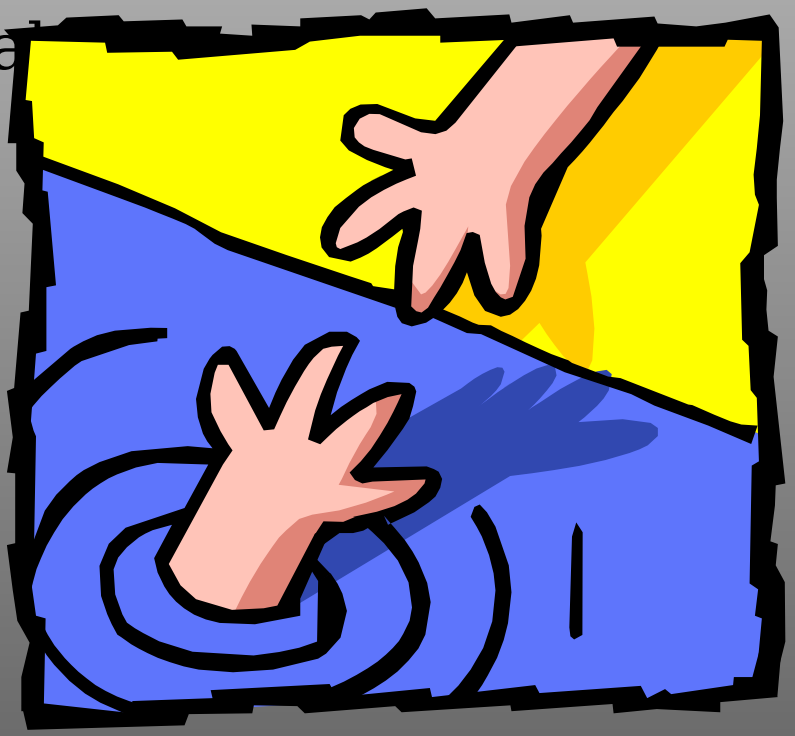
Part #3 of step three is to make a risk decision.

Look at the situation and decide if you should continue or s

risk involved.

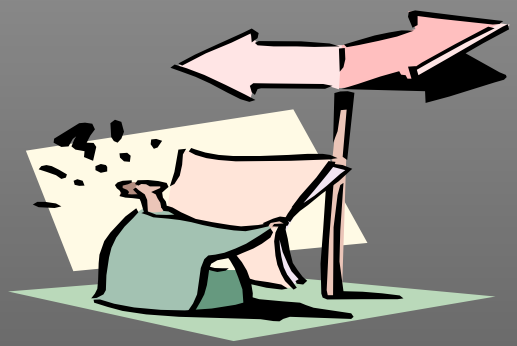
In this scenario the best choice would be to continue and

assist the individua



4. Implement Controls

These are the options that you discussed in step 3
the hazards.
Choose the best options available and implement t
These options now become your controls.
For example; referring the individual to a medical
confronting the individual were two options availa
look at the situation and choose the best option. In
might choose referral to a medical facility. This ha
become our control for minimizing our hazard.
There might be more than one control chosen for

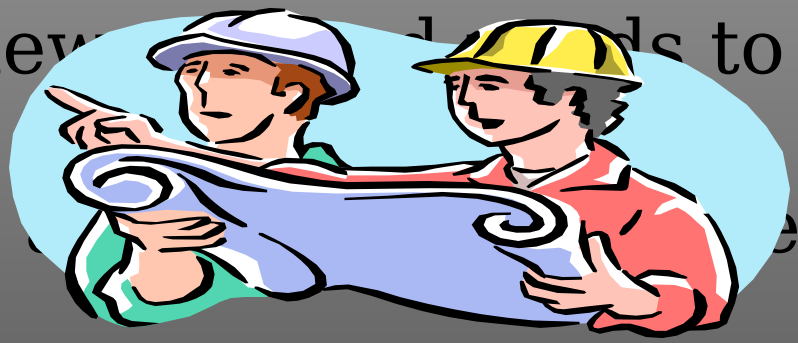


5. Supervise

ORM talks about supervising your controls ensuring that they are in place an effective.

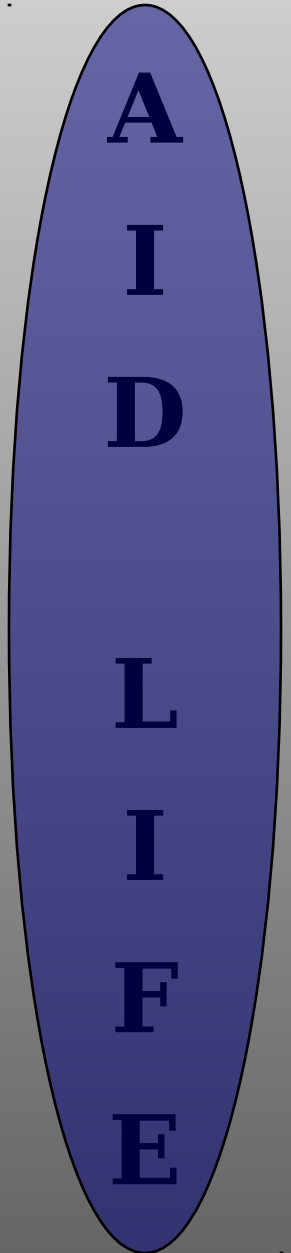
Once you have selected your controls for the hazards you now
need to ensure they are in place and have the desired effect.

You also need to look out for change. Any change in your plan
will present new hazards to be looked at.



The AID LIFE can be useful in the process.

Suicide Prevention Acronyms



- ✔**A**sk The Person
- ✔**I**ntervene Immediately
- ✔**D**on’t Keep A Secret
- ✔**L**ocate Help
- ✔**I**nform Chain of Command
- ✔**F**ind Someone - Don’t Leave Person Alone
- ✔**E**xpedite Help

Operational Risk Management and Suicide Prevention

There are many options for supervisors to get information about suicide
prevention as well as individuals that are contemplating suicide.

- The National Suicide Hotline: 1-800-SUICIDE
- OPNAVINST 6100.2 (Health Promotion Program)
- Pers 6 Suicide prevention training video / facilitator kit
- Various Internet Web Sites
- Local sources: Medical Facilities, Command Medical Representative,
  Chaplains, Family Service Centers, etc.
  (This list is not

Acronyms Cont.

S **SUICIDAL TALK -** Sailors who are thinking and speaking about suicide a
Individuals who have made previous attempts - especially those with poten
U means (weapons), are at a very high risk for suicide as those with a suicide
UTTER HOPELESSNESS - Sailors who are feeling extremely helpless, ho
and worthless and who do not have plans for the future are at high risk for

I **INADEQUACY** - Sailors who believe they are inferior, inadequate and wor
believe they have been taken advantage of or failed are at high risk.

C **CLOSE RELATIONSHIP LOSS -** Sailors who perceive or believe they hav
important relationship (romantic, spouse, friend, including the death of a l
risk for suicide.

I **ISOLATION** - Sailors who are alone and feel lonely and helpless, isolate th
lack social, work and religious supports are at risk.

D **DEPRESSION** - Sailors who are sad; depressed, bitter, moody and pessim
E and have lost their interests are at high risk for suicide.
ETHANOL (ALCOHOL) - Sailors depend upon or abuse alcohol and/or dr
include prescription medications, are at high risk for self harm.

Acronyms Cont.

S **SAD** - A Sailor who is depressed and sad, with feelings of hope
helplessness, and worthlessness is at risk.

A **ALCOHOL** - Sailors who abuse or are addicted to alcohol are a
for suicide.

I **ISOLATION** - Sailors who are alone and isolated and are witho
social and religious support may be at risk.

L **LOSS** - Sailors who have lost someone (especially a significant
romantic relationship) or something meaningful in their lives
for suicide.

O **ORGANIZED PLAN** - The Sailor with a specific detailed plan u
available lethal method is at high risk.

R **RATIONAL THINKING LOSS** - Suicide risk is high for Sailors
judgement and thought processes are impaired.

Acronyms Cont.

M **MOODY** - Marines who are experiencing rapid and dramatic m
such as frequent anger, depression, nervousness and indiffere
recent episodes of violent behavior are at increased risk for s

A **ALCOHOL ABUSE** - Marines who abuse or are addicted to alc
drugs, including prescription medications, are at risk for suic

R **RELATIONSHIP LOSS** - Marines who have lost a romantic rel
perceive a relationship is ending are at risk for suicide.

I **INADEQUATE** - Marines who see themselves as worthless, ina
a failure are at risk for suicide.

N **NERVOUS** - Marines who are feeling tense, scared, confused a
may be at risk for self harm.

E **EMBARRASSMENT**- Marines who believe that they have beer
humiliated or shamed in some way, are at risk.

S **SAD** - Marines who are sad, depressed and pessimistic with fe
hopelessness, helplessness and worthlessness are at high ris

Contact your local medical departmen

information on suicide prevention.

Let’s keep our Marines from ending u

statistic!